

| POSITION                         | INITIALS     | ID NO.        | DATE            |
|----------------------------------|--------------|---------------|-----------------|
| <b>FEE DETERMINATION</b>         |              |               |                 |
| <b>O.I.P.E. CLASSIFIER</b>       | <i>MESAY</i> | <i>10</i>     | <i>01-5-01</i>  |
| <b>FORMALITY REVIEW</b>          | <i>CH</i>    | <i>1119</i>   | <i>08-31-01</i> |
| <b>RESPONSE FORMALITY REVIEW</b> | <i>A.m</i>   | <i>SC SBD</i> | <i>06-17-02</i> |

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

| Claim    | Date |
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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